



AGENDA
BIRMINGHAM AD HOC AGING IN PLACE COMMITTEE
Wednesday, October 11, 2023
Workshop - Community Survey
BIRMINGHAM CITY HALL, 151 MARTIN STREET, CONFERENCE ROOM 202
BIRMINGHAM, MI
4:00 PM

This will be considered a workshop session of the Ad Hoc Aging in Place Committee.
No formal actions will be taken.

The purpose of this workshop is to participate in a discussion on a Community Survey.

1. Call to Order
2. Roll Call
3. Approval of Minutes - None
4. Guest Speakers - None
5. New Business
 - A. Discuss Criteria for Community Survey
 - B. Discuss Format and Length of Community Survey
 - C. Discuss Dissemination of Community Survey
6. Open to the Public for Items Not on the Agenda
7. Miscellaneous Communications
8. Announcements
9. Adjournment

Link to Access Virtual Meeting: <https://bhamgov-org.zoom.us/j/82275236303>

Telephone Meeting Access: (877) 853-5247 (US Toll-Free)

Meeting ID Code: 822 7523 6303

*Please note that board meetings will be conducted in person. Members of the public can attend in person at Birmingham City Hall, 151 Martin Street, Birmingham, MI.

NOTICE: Individuals requiring accommodations, such as interpreter services for effective participation in this meeting should contact the City Clerk's Office at (248) 530-1880 at least two days prior to the public meeting.

Las personas que requieren alojamiento, tales como servicios de interpretacion, la participacion efectiva en esta reunion deben ponerse.

Ad Hoc Aging in Place Committee (AIPC)

The purpose of this document is to remind the AIPC members of what the resolution was that was passed by the City Commission in reference to the mission of the AIPC.

The function of the Ad Hoc Aging in Place Committee (AIPC) is to study current demographic trends, evaluate the needs of the City's aging population, and to prepare a City-wide action plan outlining the vision and goals to improve the health, safety and welfare of senior citizens and encourage residents to age comfortably in Birmingham.

Birmingham City Commission Resolution # 04-093-23:

"To establish the Ad Hoc Aging in Place Committee for a term of 18 months, and to direct staff to advertise for upcoming appointments to this committee; further, once established, to direct staff to facilitate the requested studies and research needed to develop an action plan to improve the health, safety and welfare of senior citizens in Birmingham."

The 8 Domains of Livability

The availability and quality of these community features impact the well-being of older adults — and help make communities more livable for people of all ages.

1. Outdoor Spaces and Buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion
6. Work and Civic Engagement
7. Communication and Information
8. Community and Health Services



1. Outdoor Spaces and Buildings



People need public places to gather — indoors and out. Green spaces, seating and accessible buildings (elevators, zero-step entrances, staircases with railings) can be used and enjoyed by people of all ages.

Grandparents Park, Wichita, Kansas | Photo by Jacque Waite for AARP Kansas

2. Transportation



Driving shouldn't be the only way to get around. Pedestrians need sidewalks and safe, crossable streets. Dedicated bicycle lanes benefit nondrivers and drivers alike. Public transit options can range from the large-scale (trains, buses, light rail) to the small (taxis, shuttles or ride share services).

An AARP funded bus shelter in Chino Valley, Arizona | Photo courtesy Yavapai Regional Transit

3. Housing



AARP surveys consistently find that the vast majority of older adults want to reside in their current home or community for as long as possible. Doing so *is* possible if a home is designed or modified for aging in place, or if a community has housing options that are suitable for differing incomes, ages and life stages.

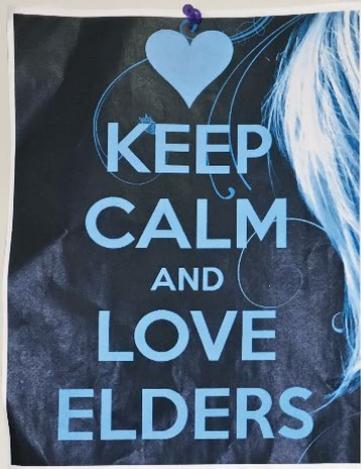
Photo from Getty Images via AARP Brand

4. Social Participation



Regardless of a person's age, loneliness is often as debilitating a health condition as having a chronic illness or disease. Sadness and isolation can be combated by having opportunities to socialize and the availability of accessible, affordable and fun social activities.

5. Respect and Social Inclusion



Everyone wants to feel valued. Intergenerational gatherings and activities are a great way for young and older people to learn from one another, honor what each has to offer and, at the same time, feel good about themselves.

Senior center in Tulani Lake, Arizona, Navajo Nation | Photo by Melissa Stanton, AARP Livable Communities

6. Work and Civic Engagement



Why does work need to be an all or nothing experience? An age-friendly community encourages older people to be actively engaged in community life and has opportunities for residents to work for pay or volunteer their skills.

A volunteer working the phones for AARP Arizona | Photo by Steve Clark for AARP

7. Communication and Information

We now communicate in ways few could have imagined a decade ago. Age-friendly communities recognize that information needs to be shared through a variety of methods since not everyone is tech-savvy, and not everyone has a smartphone or home-based access to the internet.



A community bulletin board | Photo by Melissa Stanton, AARP Livable Communities

8. Community and Health Services



At some point, every person of every age gets hurt, becomes ill or simply needs some help. While it's important that assistance and care be available nearby, it's essential that residents are able to access and afford the services required.



Learn more about **AARP Livable Communities**

- [AARP.org/Livable](https://www.aarp.org/Livable)

Check out the member list for the

AARP Network of Age-Friendly States and Communities

- [AARP.org/AgeFriendly](https://www.aarp.org/AgeFriendly)

Find free publications by visiting the **AARP Livable Communities Library**

- [AARP.org/LivableLibrary](https://www.aarp.org/LivableLibrary)

Stay informed by subscribing to the free, weekly, award-winning

AARP Livable Communities e-Newsletter

- [AARP.org/Livable-Subscribe](https://www.aarp.org/Livable-Subscribe)

The images from this presentation may not be used without permission.

Email questions to Livable@AARP.org.



Age-Friendly Action Plan

Overview

Once enrolled in the AARP network, a community has two years to complete a community assessment and develop a community action plan. The plan must be based on needs within the community that fall within the eight domains the World Health Organization has identified as influencing the health and quality of life of older adults.

Age-friendly planning aims for a five-year process of continuous improvement. The first two years are spent engaging the community, establishing a team to guide work in the community and completing the assessment. Once the action plan is adopted, implementation and evaluation are carried out during years three to five. By the conclusion of the initial five-year period, the community should have made meaningful progress toward the goals laid out in the action plan and be able to revise the plan as needed. Then the next five-year planning process begins.

The Age-Friendly Cycle of Continuous Improvement



Key Steps in the Planning Phase

- 1 Establish** mechanisms for involving older residents in all stages of the process (e.g., create an advisory citizens committee)
- 2 Conduct** a comprehensive and inclusive baseline assessment of the age-friendliness of the community
- 3 Develop** a three-year community wide action plan based on assessment findings
- 4 Identify** indicators to monitor progress of the plan

Creating an action plan is vital in ensuring that an age-friendly community initiative will make the community a better place for residents of all ages, abilities, racial and ethnic identifications and socioeconomic levels. This action plan will guide your day-to-day work.

Before Beginning

Prior to beginning work on the action plan, the leadership team for any community enrolled in the Network of Age-Friendly States & Communities (NAFSC) program must:

- 1 Establish** a way to involve a cross section of the community, including but not limited to older residents. In many cases, the method chosen is to develop an advisory committee that oversees the age-friendly work and reports to the local government.
- 2 Complete** an assessment that includes a description of community assets, demographic information, a survey and listening session or focus group so that the leadership team is informed about what residents want and need to thrive as they age.

Tips for Preparing an Effective Plan

While previous experience with action planning is an asset, the most important resource can be the experience of the leadership team in the community and the connections team members have previously established. Other steps that will aid your efforts:

- **Develop talking points to help engage stakeholders.**
When the leadership team collaborates on the development of talking points, members will be more effective in explaining the work they are doing to people in the community.
- **Involve as many stakeholders as you can.**
Stakeholders can be residents, local businesses, community-based organizations, departments in local government or other community leaders who may be affected by or have an effect upon the work you are doing. Some will be interested in your full plan. Others will respond to one or two elements. Stakeholders who are interested in adding an age-friendly component to all aspects of community and economic development are useful for creating a broad plan; stakeholders whose interest is focused on one or two domains are also important because they can help you create a plan with depth in those areas. But any opportunity you find to broaden the base of support can prove beneficial, sometimes in unexpected ways. Think outside the age-friendly box when you are creating a list of stakeholders. Include intergenerational voices, the interfaith community, cultural institutions, and others that share your interest in making the community a better place to live for all people.

The goal of age friendly community work is for people of all ages to:



Participate in community activities



Be treated with respect



Have access to recreational opportunities and health services and enjoy the best health possible



Be active, vital contributors to the economic, civic and social life of the community



Receive appropriate support if they can no longer look after themselves

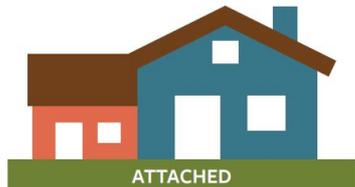
Tips for Preparing an Effective Plan (continued)

- **Involve stakeholders early and often.** Implementation of many changes, such as improving access to transit or increasing the number of recreational programs available in the community, may require more than one municipal department as well as service providers and community organizations. Involving such stakeholders in developing the action plan will build their commitment and ensure that action-plan items are feasible.
- **Engage municipalities.** Municipal involvement increases the likelihood that elements of your action plan will be integrated into key municipal plans, such as housing strategies, transportation and transit master plans, urban design guidelines and street designs.
- **Develop a presentation.** Local municipal officials may need to submit action plans for approval by the municipality. Tips to increase the likelihood that your plan will be accepted include the following:
 - Make sure your plan is in line with existing municipal plans. Schedule a time to share and discuss your plan with elected and appointed officials whose work overlaps with your plan.
 - When you are sharing your plan with the municipality or other stakeholders, focus on the benefits for their department of incorporating age-friendly components in their work.
- **Adjust your messaging as needed.** Tailor the information you are providing to a particular audience based on its particular focus and role in the community-planning process. For example, a presentation before a local recreation department should focus on the improvement of parks, nature preserves and sports activities that residents of all ages can use or participate in.

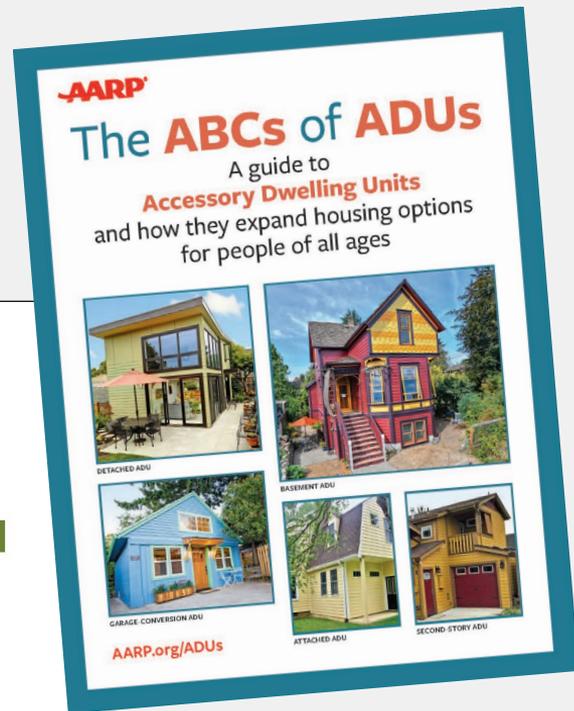


The ABCs of ADUs

A guide to Accessory Dwelling Units and how they expand housing options for people of all ages



▲ Accessory dwelling units (or ADUs) come in many shapes and styles.



Find this publication and more:
[AARP.org/ADUs](https://www.aarp.org/ADUs)

Welcome! Come On In!

As small homes or apartments that exist on the same property as a single-family residence, accessory dwelling units — or ADUs — are a needed housing option for people of all ages.



DETACHED ADU



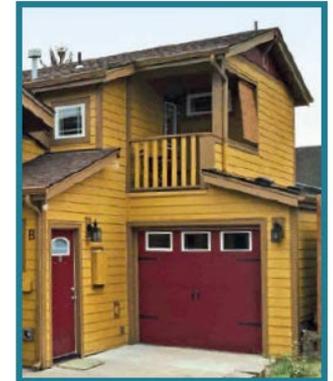
GARAGE-CONVERSION ADU



BASEMENT ADU



ATTACHED ADU



SECOND-STORY ADU

[AARP.org/ADUs](https://www.aarp.org/ADUs)

An ADU is ...

- a small residence that shares a single-family lot with a larger, primary dwelling
- an independent, self-contained living space with its own kitchen or kitchenette, bathroom and sleeping area



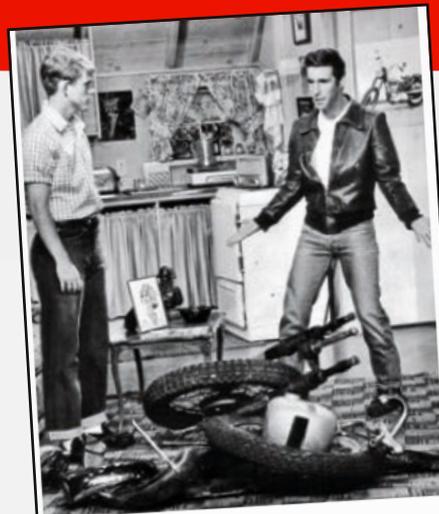
▲ A detached ADU

- An ADU can be located **within**, **attached to** or **detached from** the main residence. It can be created out of an existing structure (such as a garage) or built anew.
- Because an ADU exists on a single-family lot as a secondary dwelling, it typically cannot be sold separately from the primary residence.

The Benefits of ADUs

- An ADU can enable family members (including family caregivers) to reside on the same property while having their own living spaces.
- An ADU can provide housing for a hired caregiver.
- An ADU can provide rental income to homeowners.
- An ADU can be a practical option for tenants seeking small, affordably priced rental housing.
- An ADU can help older residents remain independent and age in place.

Find the complete list, Fonzie and more in *The ABCs of ADUs*.



▲ Accessory dwelling units show up in neighborhoods throughout the country — and even in pop culture. One example: In the sitcom *Happy Days*, Fonzie (right) rents an above-garage ADU from the Cunningham family in 1950s-era Milwaukee, Wisconsin.

Although many people have never heard the term, **Accessory Dwelling Units** have been around for centuries and are identified by many different names.

See page 6 of *The ABCs of ADUs* for a history lesson about ADUs.

Other names for an ADU...

- accessory apartment
- backyard bungalow
- basement apartment
- casita
- carriage house
- coach house
- English basement
- garage apartment
- granny flat
- guest cottage
- guest house
- in-law suite
- laneway house
- multi-generational house
- ohana unit
- secondary dwelling unit



PHOTO: SARAH DALE FOR AARP

ADUs Are Community-Compatible

- ADUs offer a way to include smaller, relatively affordable homes in established neighborhoods with minimal visual impact and without adding to an area’s sprawl.
- ADUs provide a more dispersed and incremental way of adding homes to a community than other options, such as multistory apartment buildings.
- ADUs are typically managed by homeowners who live on the premises. Such landlords are less likely to tolerate a destructive tenant.

Big houses are being built, small houses are needed

Do we really need more than three times as much living space per person as we did in 1950? Can we afford to buy or rent, heat, cool and care for such large homes?

YEAR	1950	2020
Median square footage of new single-family homes	983	2,261
Number of people per household	3.8	2.5
Square feet of living space per person	292	904

FACT: ADUs house more people per square foot of living area than single-family homes do.

SOURCE: NATIONAL ASSOCIATION OF HOME BUILDERS, U.S. CENSUS BUREAU

Reminder: Since ADUs are custom designed and created, they’re able to fit discreetly into all sorts of locations, including suburban subdivisions, walkable towns, urban neighborhoods — and, of course, large lots and rural regions.

ADUs Benefit People and Places

ADUs house people of all ages

- ADUs offer **young people** entry-level housing choices.
- ADUs enable **families** to live together yet apart.
- ADUs provide **empty nesters** and other homeowners with the option of moving into a smaller space while renting their larger house or letting an adult child reside in it.

An ADU's use can be adapted for different household types, income levels, employment situations and life stages.



▲ ADUs are created by single-family homeowners within their home, as an addition to their home, or as a detached unit on their property. In this image, the path at left leads to an attached ADU built off the back of the home. The homeowners reside in the original house. Their daughter, who is their caregiver, lives in the ADU.

Communities that understand the benefits of ADUs allow homeowners to create them.

According to the **AARP Home and Community Preferences Survey**, people who would consider creating an ADU said they would do so in order to:

- Provide a home for a loved one in need of care (86%)
- Provide housing for relatives or friends (86%)
- Have a space for guests (82%)
- Create a place for a caregiver to stay (74%)
- Increase the value of their home (69%)
- Feel safer by having someone live nearby (67%)
- Earn extra income by renting to a tenant (63%)

Source: 2021 AARP Home and Community Preferences Survey, AARP Research



ADU Rules and Regulations

- There are more than 19,000 cities, 16,000 towns and 3,000 counties in the United States.
- ADU regulations are typically adopted at the local level, although several state legislatures have passed laws requiring communities to allow them.



PHOTO: MELISSA STANTON, AARP

A Zoning Code Example

In Brevard County, North Carolina, ADUs are referred to as “secondary dwelling units.” The local zoning code states that such homes “shall be encouraged and designed to meet housing needs” and that the “units shall be accessory and subordinate to the primary living quarters.”

◀ A detached above-garage ADU

Among the places with statewide or local laws that encourage the creation of ADUs:

Arizona, California, Connecticut, Georgia, Maryland, New Hampshire, Oregon, Rhode Island, Vermont and Washington, D.C.

Are ADUs Allowed?

Find out by contacting your community's land use, planning or permits office – or search the local government's website for a copy of the zoning code.

- If ADUs are allowed, ask what conditions, permit needs and fees apply.
- If ADUs are not allowed, ask the zoning official or a local elected leader how the code can be updated. Then get organized and start advocating!

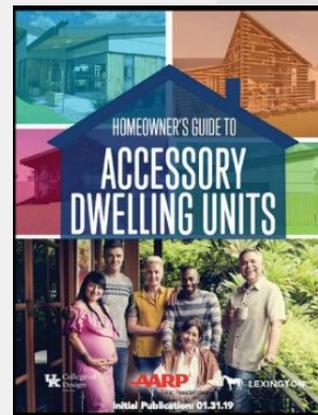
Read about the pictured projects and more: [AARP.org/ADUs](https://www.aarp.org/ADUs)

An important step in implementing ADU-supportive laws and policies is to **educate** local leaders and community members about ADUs.



▲ In Iowa, the Des Moines Public Library held an ADU-themed gingerbread house contest.

▶ As part of its design competition, the City of Houston, Texas, produced construction documents for an ADU designed by architecture students.

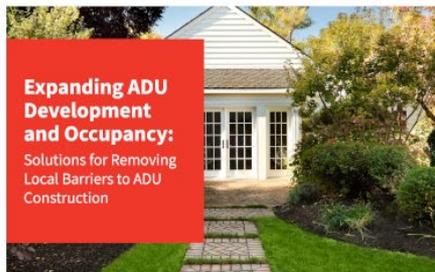
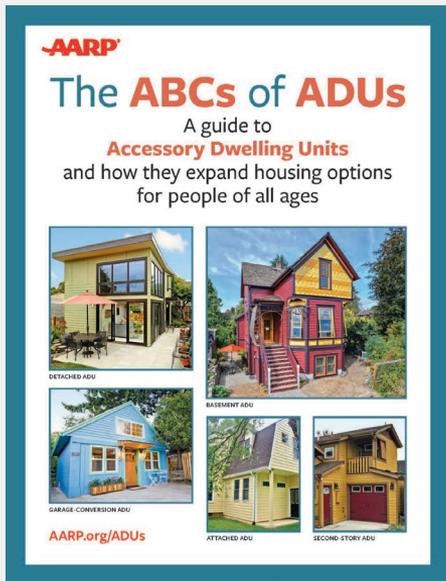


▲ The City of Lexington and Fayette County, Kentucky, hosted a design competition and distributed a free guide.



AARP and Accessory Dwelling Units

Visit [AARP.org/ADU](https://www.aarp.org/ADU) to order or download our free publications and find more resources about ADUs.



Free ADU Publications from AARP

- *The ABCs of ADUs*
- *Accessory Dwelling Units: A Step-by-Step Guide to Design and Development*
- *Expanding ADU Development: Solutions for Removing Local Barriers to ADU Construction*
- *Accessory Dwelling Units: Model State Act and Local Ordinance*

STAY INFORMED! Be among the first to learn when AARP releases more livability guides and resources. Sign up for the free, weekly **AARP Livable Communities e-Newsletter**: [AARP.org/LivableSubscribe](https://www.aarp.org/LivableSubscribe)



Elements of an Action Plan

Your age-friendly action plan will be shared nationally and internationally with other communities. These are the elements that should be included in the plan.

1 Cover page

2 Executive summary or letter from your mayor or elected representative

3 Table of contents

4 Community profile

- a. Introduction to your community
- b. Demographic and diversity data (ages, ethnicities, drivers/nondrivers, owners/renters, etc.)
- c. Description of age-friendly features of the community

5 Introduction to the plan

- a. Mission statement
- b. A clear vision—toward an age-friendly community—and a set of values, including the voice of the 50-plus
- c. Description of who was involved in the development of the plan
 - i. List of planning committees or work groups, with affiliations
 - ii. Indication of how older adults and diverse populations will be included
- d. Brief summary of lessons from the community assessment
 - i. Description of how the age-friendly assessment was conducted (surveys, listening sessions, etc.)
 - ii. Demographics of residents who participated in listening sessions or surveys
 - iii. Key lessons that will impact plan
- e. Who will manage implementation of the plan
- f. Other key information, such as AARP Livability Index score

6 Domain-specific action plans

- a. The strategic framework—the eight domains of livability for planning
 - i. Goal or output
 - ii. Essential activities
 - iii. Target date for completion or each activity's beginning and ending dates
 - iv. Organization or individual responsible for each activity, plus collaborating organizations
 - v. Resources needed to complete each task in the action steps
 - vi. Indicators (and available baseline data) of progress toward the goals
 - vii. Summary table of action plan activities

7 Appendices and supporting documentation

AARP's Action Plan Review Process

After your core team drafts an action plan, it must be submitted for review so that AARP and WHO can assess the plan outside its local context, offer suggestions about implementation or evaluation, and glean ideas to aid other communities. Afterward, the review team may make recommendations for strengthening the plan or simply endorse its implementation and evaluation.

Read and download action plans from other communities at:

<http://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/member-list.html>



Writing Mission, Vision and Value Statements

There are many ways the work can be done, including the models listed below, so choose an approach that fits into your framework (e.g., logic models, theory of change models, etc.).

First, develop a **mission statement**. It should be a one-sentence statement description of why this group of stakeholders is being convened, including specific aims and goals. It should include the:

Focus of the work: _____

Broad methods you plan to use: _____

Target population: _____

Value of the work for the community: _____

After you break out each component above, use the space below to put together your complete **mission statement**, using that information:

Next, develop a **vision statement**. The vision statement is a one-sentence aspirational description of the long-term effects that will result from your work. It should answer questions such as:

What needs to be changed to enhance the livability of your community, to create a community that is truly age-friendly?

Why is it important for these issues to be addressed?

What is your three- to five-year goal?

How will you know the 10-year goal has been reached?

Once you have answered those questions, use the answers to create a **vision statement** that conveys these aspirations in the space below:

1 _____

2 _____

3 _____

Next up, it's time to develop **value statements**. Value statements are each one sentence, and they detail the core values that you believe should guide the age-friendly work.

1 _____

2 _____

3 _____

Now, compile all of your team's statements below.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____





Michigan Age-Friendly Action Plan 2021-2023



EXECUTIVE SUMMARY

The Health and Aging Services Administration (HASA) is pleased to present Michigan's Age-Friendly Action Plan. This plan reflects how Michigan will move forward with advocacy, policy, and program priorities that build on past successes, challenges, and experiences.

For more than 40 years, Michigan's State Unit on Aging, within the Michigan Department of Health and Human Services, has provided statewide leadership, direction, and resources to help older adults live their lives with dignity and purpose in their community. Over this time, HASA's vision for Michigan residents to live well and thrive as they age has been unwavering and remains as relevant today as in the 1960s.

In October 2019 Governor Gretchen Whitmer declared Michigan the first age-friendly state in the Midwest and fifth in the nation. This plan reflects the age-friendly priorities for 2021-2023 and will serve as the foundation for future iterations of age-friendly plans. It is important to note this plan was developed as the COVID-19 pandemic reached Michigan. While the data used to develop this plan were collected prior to the pandemic, ongoing assessment activities are underway and will inform future revisions.

Michigan's total index score for livability is 50, ranking our state as average. Michigan falls firmly in the middle tier in terms of rank within all categories: opportunity, environment, housing, engagement, transportation, neighborhood, and health. Priorities in the 2021-2023 plan address areas with the biggest room for improvement, including addressing the direct care worker shortage, care transition programming to reduce hospital readmission, expanding access to evidence-based programming to reduce obesity, and strategies to increase social participation. As a result, the domains of livability addressed in this plan are:

- Communication and information
- Respect and social inclusion
- Health services and community supports
- Social participation
- Transportation

Additionally, based on input from stakeholders, including older adults, elder abuse emerged as a priority area of focus.

Concurrent to the goals identified in this plan, work is happening within the state on age-friendly public health, age-friendly health systems, age-friendly universities, and age-friendly communities. Michigan's Age-Friendly Action Plan will continue to evolve to incorporate the progress on all age-friendly initiatives.

Michigan's Age-Friendly Action Plan affords the Michigan aging network the opportunity to strengthen existing relationships and collaborate with new partners to make our state a place where all individuals have the opportunity to age with dignity and have choices available to select the most appropriate supports and setting.

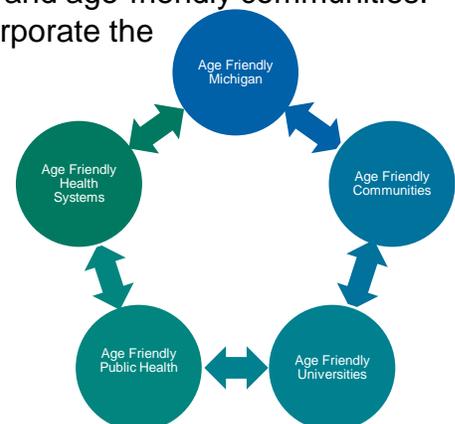


TABLE OF CONTENTS

Community Profile – page 4

Introduction – page 7

Overview and Plan Development – page 8

Michigan Livability Score – page 21

Domain: Communication and Information – page 22

Domain: Respect and Social Inclusion – page 23

Domain: Social Participation – page 24

Domain: Transportation – page 25

Domain: Health Services and Community Supports – page 26

Elder Abuse – page 29

References – page 30

COMMUNITY PROFILE

MICHIGAN'S OLDER ADULT POPULATION

Older adults play an essential role in creating a thriving Michigan. Their contribution to Michigan's economy is essential. They earn money, pay taxes, and purchase goods and services. They also contribute to their families and communities through unpaid work, such as caring for grandchildren and volunteer activities. Older adults are also civically engaged, they preserve and transmit cultural beliefs and practices, and they are socially connected across many dimensions of community life. Older adults are also a population that faces specific, unique vulnerabilities that can prevent them from living well as they age. This vulnerability has become particularly clear in the context of the COVID-19 pandemic, which has had a devastating impact on Michigan's older adults. As of August 28, 2020, 29,046 adults age 60 and older tested positive for COVID-19 in Michigan, and 5,622 lost their lives to the illness, which accounts for 87.2% of deaths. Additionally, as of August 26, 2020 there were 8,152 confirmed cases and 2,103 deaths among residents in long term care facilities. This plan and the work of the aging network is intended to protect and promote the health and wellbeing of older adults through prevention and promotion efforts, while also providing targeted assistance to those most in need, during and beyond this pandemic.

The state's growing older adult population is, in part, driving the need for policies, programs, funding, and advocacy that improve quality of life for those in their later life years of adulthood. In 2010, for example, Michigan's population age 60 and older stood at 1.8 million. Today, that number has grown to more than 2.4 million people, or 24.4% of the state's population (United States Census Bureau, 2018). Further, the U.S Census projects that Michigan will have 2.7 million residents who are age 60 and older by 2030. Those age 85 and older continue to be the fastest growing population segment in our state. The growth of this population has implications for Michigan's community-based long-term supports and services, some of which continually have waiting lists of people whose critical needs simply cannot be met with existing resources.

Older adults are not only a large segment of Michigan's population, they are also diverse. Based on the 2018 U.S. Census, American Community Survey, the majority of adults over 60 are female (56%). Additionally, 86% of adults over 60 identify as White, 11% identify as African American, 2% identify as Asian, 0.04% identify as American Indian or Alaska Native, and 1% identify as being two or more races. Approximately 2% of adults age 60 or older identify as Hispanic. Michigan has more than 300,000 persons who identify as being from Arab American descent (Arab America, 2020). Among older adults, 90% graduated from high school, 31% have had some college, and 25% have a Bachelor's degree or higher. Roughly 16% of Michigan residents – including one in four (23%) of its children and 17% of its older adults– live in poverty (Michigan Community Action, 2016). While data are not available at the population level, it is important to note that older adults are diverse in terms of their sexual orientation and gender identity as well.

A long-standing priority in Michigan is supporting older adults in aging in place (*AARP Definition: Aging in place has a broader connotation than simply living in one's home as he/she ages. Many older residents distinguished between their physical homes and their neighborhoods. In other words, aging in place is also about "aging in a familiar area." Familiarity becomes important as one grows older.*) A person age 60 or older resides in 38% of all Michigan households based on 2018 U.S. Census data. Additionally, 45% live with a spouse, 41% live alone, 10% live with relatives, and 3% live with non-relatives. Additional data related to aging in place will be presented in this Plan.

Geography plays an important role in considering how best to serve Michigan's older adult population. The cultures of urban, suburban, and rural settings are different, and each presents a very different profile of people with its own unique characteristics and available resources. Detroit, Saginaw, and Flint, for example, are very different from Escanaba in the Upper Peninsula and Lake County in rural northern Michigan, which are considerably different from suburban Oakland County.

A flexible and multi-faceted approach to aging policies and programs is necessary to meet the complex needs, wants, and preferences of older adults in Michigan. While Older Americans Act (OAA) programs are available to all older Michigan residents age 60 and over, this State Plan speaks to increasing outreach and service to the many diverse populations that continue to add to Michigan's richness and vibrancy. For HASA, "diversity and inclusion" are broadly defined to include people of various races and ethnicities, veterans, lesbian/gay/bi-sexual/transgender individuals, adults with disabilities, American Indian elders, refugees, and those with limited English proficiency.

STATE UNIT ON AGING – The Michigan Department of Health and Human Services (MDHHS) Health and Aging Services Administration (HASA), formerly Aging and Adult Services Agency, has served more than four decades as the State of Michigan's designated unit on aging, formed under the Older Michiganians Act of 1981. Operating under the authority of the federal Older Americans Act (OAA), which was signed into law in 1965 to meet the diverse needs of the growing numbers of older adults nationwide. The OAA set out specific objectives for maintaining the dignity and welfare of older adults and established the National Aging Network.

Among its primary duties, HASA manages a statewide infrastructure that helps older adults aged 60 and over remain in the community setting they call home. This is done through programs, partnerships, and advocacy. In recent years responsibility for state policies governing adult protective services has also come under HASA's purview. The statewide infrastructure managed by HASA, known as the aging network, includes HASA, the Commission on Services to the Aging, and State Advisory Council on Aging at the state level; 16 regional planning and service areas with each supported by an area agency on aging; and over 1,300 local service providers that offer essential community-based supports and services. The collective vision of the aging network is to help older and vulnerable Michigan residents thrive in the home setting of their choice, so they may live dignified, independent, and purposeful lives.

COMMISSION ON SERVICES TO THE AGING – The Commission on Services to the Aging (CSA) is a 15-member, bipartisan body, appointed by the governor. The CSA advises the governor, the Michigan legislature, and HASA on aging policies and programs. Commission members are appointed for three-year terms, and membership reflects the distribution and composition of the state's older population. Working in close collaboration with HASA, the CSA:

- Approves funds for statewide services;
- Participates in preparing a multi-year state plan required for federal funding;
- Determines aging policy;
- Advocates for older adults in government decisions, including legislative advocacy;
- Holds public hearings across the state; and,
- Appoints a 40-member State Advisory Council to advise state-level decision-making.

STATE ADVISORY COUNCIL ON AGING – The 40-member State Advisory Council on Aging (SAC), appointed by the Commission on Services to the Aging to represent the interests of local communities, provides advice and advocacy on vital state issues and policies impacting Michigan’s older and vulnerable adults.

AREA AGENCIES ON AGING – Michigan’s 16 Area Agencies on Aging (AAA) – managed and funded by HASA and the CSA respectively – are regional, non-profit agencies created by federal and state legislation to respond to the needs of older adults in every local community. Each area agency on aging serves a designated planning and service area (PSA), which operates a service delivery system that offers a range of community-based supports and services. Area agencies on aging conduct their work under the governance of a policy board and with the guidance of an advisory council. In their important role within Michigan’s aging network, area agencies on aging:

- Develop multi-year plans (MYPs) that outline how local needs will be addressed;
- Contract with a wide variety of local agencies that provide services directly;
- Advocate for older adults in government decisions, including legislative advocacy;
- Ensure that services are targeted to those in greatest social and economic need; and
- Ensure public funding is spent in accordance with state and federal policies.

INTRODUCTION

MISSION STATEMENT

To create an age-friendly state where all people have the choices and support to pursue active, healthy lives in their communities.

OUR VALUES

We value human dignity and opportunity. Our vision is a state where all individuals are empowered to pursue the opportunities best for their quality of life with ease. Livable communities are a crucial component to improving quality of life.

People of all ages benefit from the adoption of policies and programs that make neighborhoods walkable, feature transportation options, enable access to key services, provide opportunities to participate in community activities, and support housing that's affordable and adaptable.

Well-designed, age-friendly communities foster economic growth and make for happier, healthier residents of all ages.

The 8 Domains of Livability

The availability and quality of these community features impact the well-being of older adults — and help make communities more livable for people of all ages.



1. Outdoor Spaces and Buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion
6. Work and Civic Engagement
7. Communication and Information
8. Community and Health Services

OVERVIEW & PLAN DEVELOPMENT

AGE-FRIENDLY PLAN DEVELOPMENT

The Michigan Age-Friendly Plan has been carefully assembled and is based on these important factors:

- Consultation with the Michigan Commission on Services to the Aging;
- Information gleaned from Michigan's State Advisory Council, comprised primarily of older adults who remain an ongoing source of information on local level issues;
- In coordination with the Administration for Community Living and the Michigan State Plan on Aging;
- Convenings to identify strengths and weaknesses of Michigan's aging agency; and
- Input received through the Advisory Committee for the State Plan on Aging.

KEY PARTNERS

Michigan is fortunate to have a multi-sectoral aging network with collaboration and support from numerous partner organizations and agencies. Key partners who were included in the development of the Plan include but are not limited to:

Advocacy Organizations

- Michigan Health & Hospital Association
- Leading Age
- Elder Law of Michigan
- Disability Network of Michigan
- Alzheimer's Association
- Michigan Assistive Living Association
- Michigan Association of Senior Centers
- Michigan Association of RSVP Directors
- Area Agencies on Aging Association of Michigan
- AARP
- Michigan Elder Justice Initiative
- Services & Advocacy for GLBT Elders (SAGE) Detroit

Academic Partners

- Wayne State University
- University of Michigan
- Michigan State University IMPART Alliance

State-Level Organizations

- Michigan Public Health Institute (MPHI)
- Michigan Department of Health and Human Services (MDHHS)
- Michigan Medicare & Medicaid Assistance Program

STATE PLAN ON AGING STEERING COMMITTEE

Responsible for day-to-day decisions and strategic direction for the Age-Friendly Michigan Plan

Name	Organization
Alexis Travis	MDHHS AASA
Scott Wamsley	MDHHS AASA
Jennifer Hunt	MDHHS AASA
Dona Wishart	Commission on Services to the Aging, Chair
Julia Heany	Michigan Public Health Institute
Lauren LaPine	Michigan Public Health Institute

STATE PLAN ON AGING ADVISORY COMMITTEE

Responsible for general oversight and recommendation into the development of the State Plan on Aging.

Name	Organization
Dona Wishart	Commission on Services to the Aging
Dave Herbel	Leading Age
Kathy Kimmel	Wexford County Council on Aging
Paula Cunningham	AARP
David LaLumia	Area Agencies on Aging Association of Michigan
Jennifer Lepard	Alzheimer's Association – Michigan Chapter
Kate Massey	MDHHS Medical Services Administration
Jean Ingersoll	MDHHS Public Health Administration
Clare Tanner	Michigan Public Health Institute
Bruce Berger	Michigan Association of Senior Centers
Ewa Panetta	Michigan Health & Hospital Association
Don Ryan	State Advisory Council on Aging
Scott Wamsley	MDHHS AASA
Alexis Travis	MDHHS AASA
Lauren LaPine	Michigan Public Health Institute
Julia Heany	Michigan Public Health Institute

ENVIRONMENTAL SCAN PROCESS

Data were collected through multiple methods in order to develop a well-rounded environmental scan of the needs of Michigan's older adults, the strengths and weaknesses of the aging network, and the opportunities and threats posed by the broader environment, especially as they relate to the 8 Domains of Livability. There were five data collection methods used to gather information to inform the state plan on aging. Those were: community conversations, key informant interviews, focus groups, an older adult survey, and document review. As noted, these data were collected prior to the COVID-19 pandemic; however, ongoing assessment activities are underway to explore how the pandemic is impacting Michigan's older adults.



KEY INFORMANT INTERVIEWS

- 60-minute semi-structured interviews with key leaders in the aging sector.
 - **17** total
-



COMMUNITY CONVERSATIONS

- 90-minute, facilitated sessions with older adults residing in the 16 AAA regions.
 - **16** total
-



FOCUS GROUPS

- 60-minute, facilitated sessions with specific groups (i.e. AAA Directors, SAC, Commission on Services to the Aging, etc.)
 - **6** total
-



DOCUMENT REVIEW

- Comprehensive review of existing reports and plans to identify common strengths, weaknesses, opportunities and threats to older adults across the aging network.
 - Included all AAA local-level plans
 - **43** total
-



OLDER ADULT SURVEY

- State-wide survey for older adults 60+
- Questions focused on strengths and barriers to health and wellness
- **1199** total

ENVIRONMENTAL SCAN FINDINGS

This section highlights key findings of each component of the environmental scan by method, illustrating the richness of the data used to inform the planning process.



KEY INFORMANT INTERVIEWS

STRENGTHS

What are the strengths of the aging network?

- Area Agencies on Aging provide essential supports needed by older adults.
- Home delivered meals and other nutrition services fill a critical need for older adults.
- Programs that address social isolation are being developed and implemented across the system.

WEAKNESSES

What might strengthen the aging network?

- Area Agencies on Aging need to expand services.
- The system needs greater capacity to support vulnerable older adults.
- Communication about services is inconsistent and siloed.

OPPORTUNITIES

What opportunities exist in the broader environment to improve the wellbeing of older adults?

- Care coordination services are beneficial to older adults but have long wait lists & restrictive eligibility.
- Technology and assistive technology create opportunities to support health and well-being.

THREATS

What factors in the broader environment could threaten the wellbeing of older adults?

- Older adults do not always have access to safe and affordable housing or transportation.
- Healthcare and prescriptions are too costly, and payment for healthcare is challenging to navigate.
- Workforce shortages and low wages are a significant concern.



“*Home-based care is huge and trying to keep people supported in their homes before it gets to the point where they need to be looking at nursing home care, or even waiver care, by choice. – Key Informant Interview Participant*”



COMMUNITY CONVERSATIONS & FOCUS GROUPS

STRENGTHS

What are the strengths of the Aging Network?

- There are numerous services, programs, and resources available throughout the state designed to support older adult health and wellbeing.
- Older adults have trusted family members and friends they feel comfortable going to for information about aging.
- The Adult Protective Services Program helps address and mitigate elder abuse cases.

WEAKNESSES

What might strengthen the aging network?

- Coordination among healthcare agencies who are involved in the care of older adults would benefit the aging network.
- Minimizing competition for resources across aging network organizations would benefit & strengthen the network.
- Developing strategies that support the communication and awareness around available services and supports could strengthen the aging system.

OPPORTUNITIES

What opportunities exist in the broader environment to improve the wellbeing of older adults?

- Advances in at-home technology provide opportunities to support older adults in aging in place.
- There are a great deal of partners and organizations interested in joining and bolstering the aging network in Michigan.

THREATS

What factors in the broader environment could threaten the wellbeing of older adults?

- The costs associated with receiving adequate healthcare and supports is too high, causing older adults to make difficult decisions between paying for prescriptions or other basic needs.
- The expense of making home modifications to enable older adults to age in place is a significant limitation.
- Direct worker shortages threaten older adult access to assistive in-home care.



“ *There is a need to get aging out of a silo. Aging needs to be recognized as the journey of life. It’s lifelong and this planning comes early on in life. People say you can’t do it, but we have to do it. – Community Conversation Participant* ”



DOCUMENT REVIEW

STRENGTHS

What are the strengths of the aging network?

- The HASA total budget has seen an increase in recent years.
- There are many senior centers that provide services and supports to older Michigan adults, and seniors view them as a trusted resource.
- AAAs are trusted entities in communities to provide services to older adults.

WEAKNESSES

What might strengthen the aging network?

- The number of older adults accessing services in Michigan is resulting in long waitlists.
- There is a critical shortage of direct care workers and pay for direct care workers is too low.
- More older adults are living in poverty and lack the economic stability to meet their basic needs.
- Access to reliable and affordable transportation continues to be a challenge for older adults.

OPPORTUNITIES

What opportunities exist in the broader environment to improve the wellbeing of older adults?

- Michigan's Attorney General has convened an Elder Abuse Taskforce, which makes preventing elder abuse a priority among Michigan leaders.
- Michigan's AAAs are piloting various innovative initiatives to support older adults in meeting their basic needs.

THREATS

What factors in the broader environment could threaten the wellbeing of older adults?

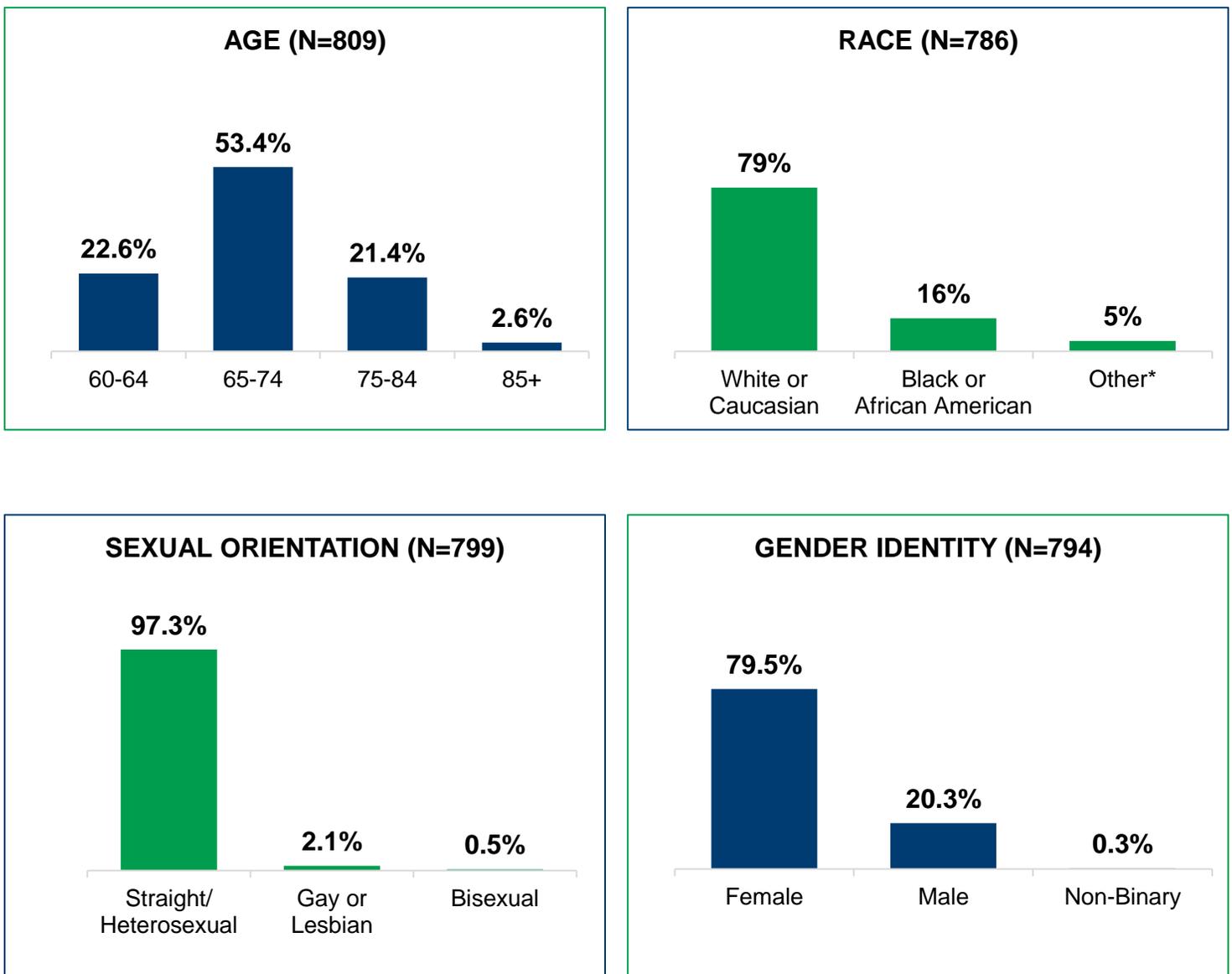
- The future state of federal funding for older adults is unknown which makes it difficult for Michigan's Aging Network to plan accordingly.
- Internet scams and exploitation that target older adults is on the rise.



STATEWIDE SURVEY

The Statewide Survey of Older Adults was distributed online through the listservs, social media pages, and websites of members of the aging network and strategic partners. Additionally, paper copies were distributed through the AAAs for individuals who preferred hard copies. The sample was convenience based, so results do not represent all older adults in the state of Michigan. However, the response was robust, and participants were diverse. A total of 1199 participants started the survey, 92.1% of whom were 60 years of age or older. Key demographic characteristics of respondents are highlighted in Figure 1.

Figure 1: Survey Participant Demographics: Age, Race, Sexual Orientation & Gender Identity.



*Other included: human race, bi-racial, Caucasian and American Indian, Euro-American, Mexican American, USA-born, American, Middle Eastern, Irish American, Homo Sapiens.

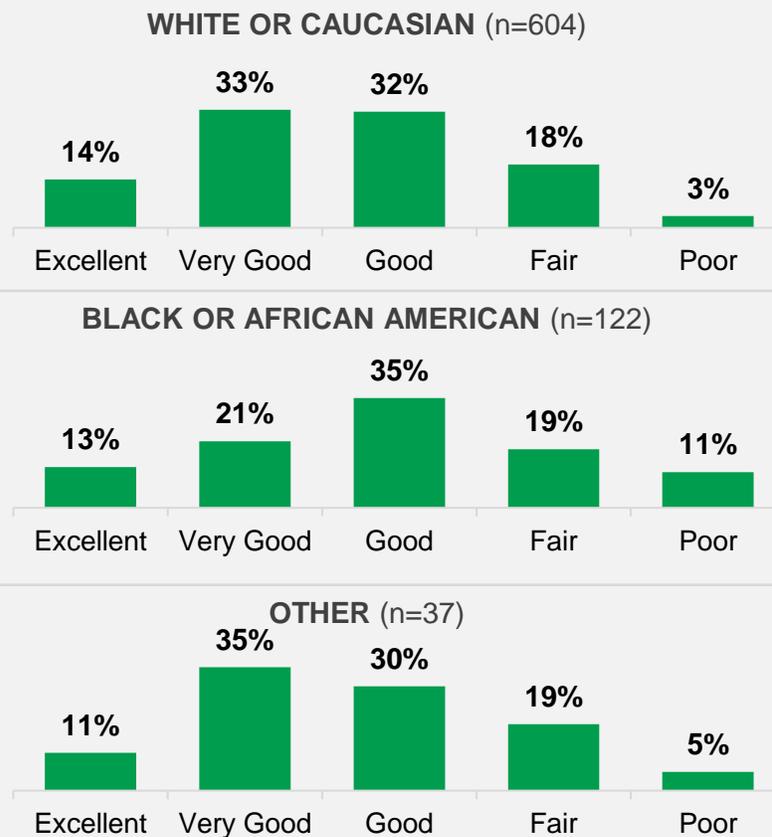


STATEWIDE SURVEY

Survey participants varied in terms of how they rated their community as a place for people to live as they age, with most rating their community as 'good' or 'very good.' However, when we compare older adults who identified as Black or African American with older adults who identified as white, we see a different pattern of results, with Black or African American respondents being more likely to rate their community as a poor place for people to live as they age and being less likely to rate their community as a very good place for people to live as they age. Responses are highlighted in Figure 2.

Figure 2: Rating of Current Community as a Place to Live while Aging, by race.

HOW WOULD YOU RATE YOUR CURRENT COMMUNITY AS A PLACE FOR PEOPLE TO LIVE AS THEY AGE?



When asked what factors would make them need or want to move out of their community as they get older, participants most indicated that their personal safety or security concerns, needing more access to public transportation, and wanting to be closer to family were 'major factors.' The factor most likely to be considered 'not a factor at all' was wanting to live in a different climate.

Figure 3: Ranking of Importance for Factors to Consider Moving Out of Current Community.

SOME PEOPLE FIND THAT THEY NEED OR WANT TO MOVE OUT OF THEIR COMMUNITY AS THEY GET OLDER. RANK THE IMPORTANCE OF THIS CATEGORY IF YOU WERE CONSIDERING MOVING OUT OF YOUR CURRENT COMMUNITY.

MAJOR FACTORS

Personal safety or security concerns	49%
Wanting to be closer to family	39%
Needing more access to public transportation	39%
Wanting to move to an area that has better healthcare facilities	32%
Wanting to live in an area that has a lower cost of living	31%
Wanting to live in an area with better opportunities for social interaction	30%
Wanting to live in a different climate	20%

NOT A FACTOR AT ALL

Wanting to live in a different climate	43%
Wanting to move to an area that has better healthcare facilities	40%
Wanting to live in an area that has a lower cost of living	35%
Needing more access to public transportation	33%
Wanting to be closer to family	33%
Wanting to live in an area with better opportunities for social interaction	32%
Your personal Safety or security concerns	27%

When interpreting the next few findings, it is important to recognize that 75.1% (n=812) of respondents were living in a single-family home and 10.0% were living in a condominium or co-op when they took the survey. Additionally, 86.0% (n=809) reported that they own their residence.

Most participants reported that it was important to them to be able to live independently in their own home as they aged, and that it was important to them to remain in their current community for as long as possible. Most participants felt that was important for them to remain in their current community for as long as possible.

Figure 4: Ratings of the Importance to Remain in Your current Community for as Long as Possible.

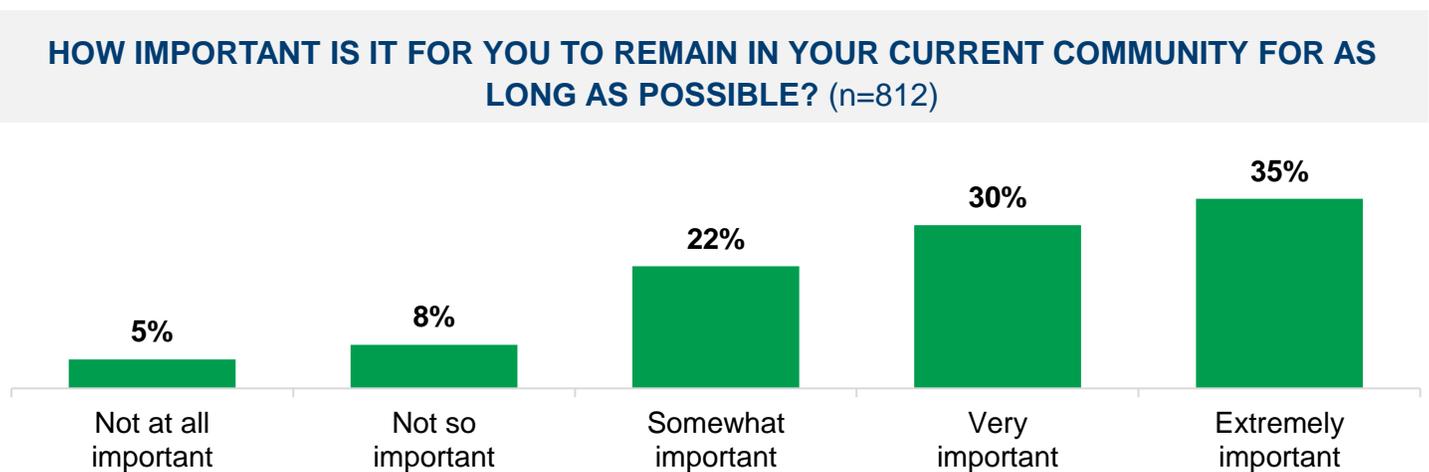
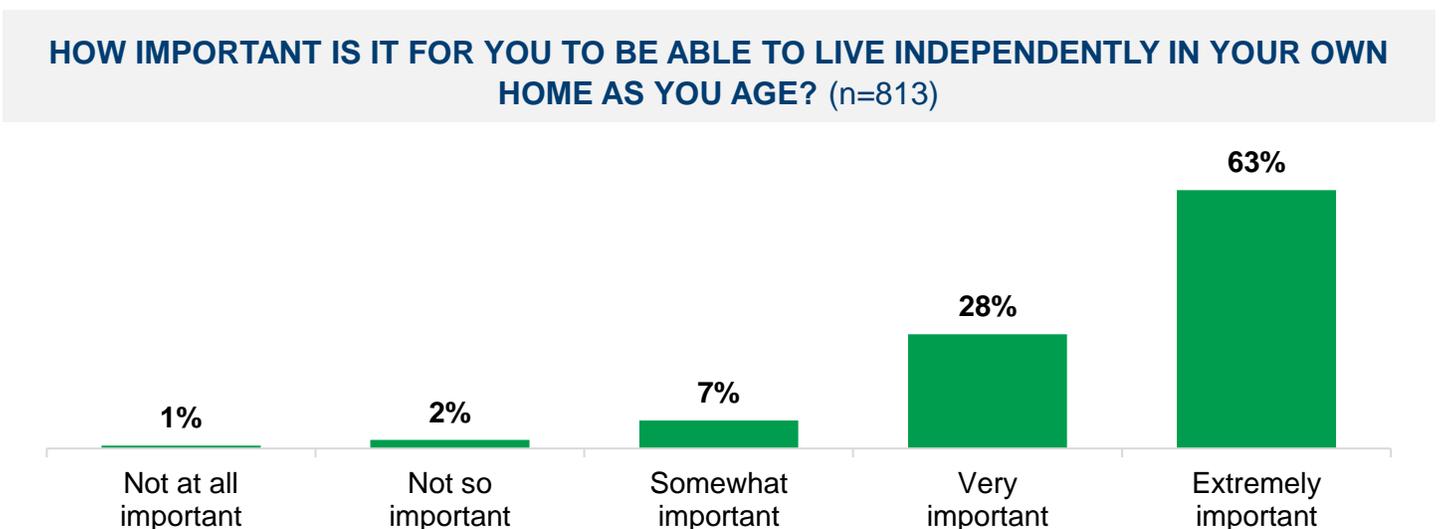


Figure 5: Ratings of the Importance to Live Independently in Your own Home as you Age.

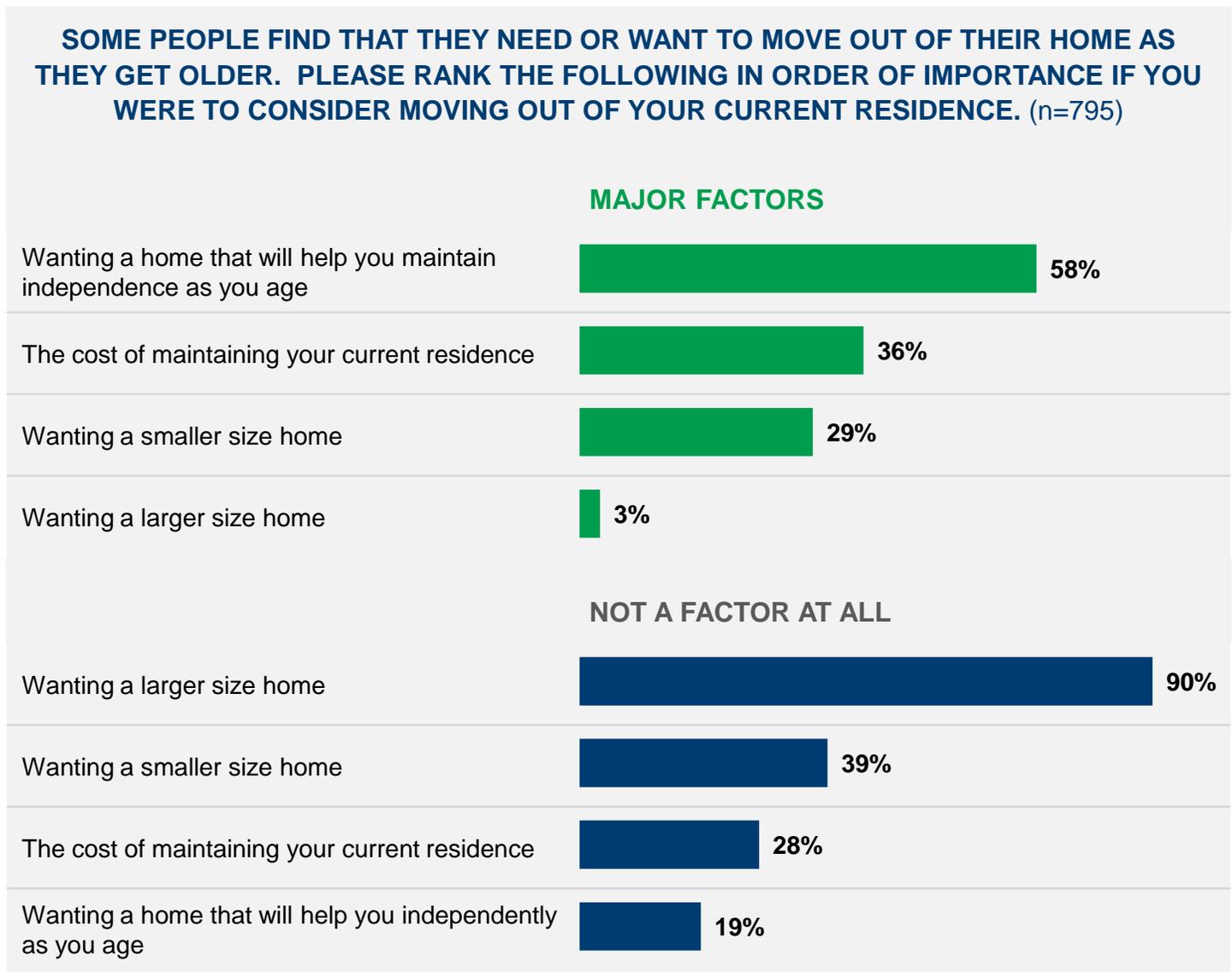




STATEWIDE SURVEY

Participants were also asked about the factors that would influence their decision about wanting to move out of their residence when they get older. The factor most often rated as ‘a major factor’ was wanting a home that will help maintain independence. The factor most often rated as ‘not a factor at all’ was wanting a larger size home. Importantly, 40.7% (n=412) of respondents indicated that their current residence would need major repairs, modifications, or changes to enable staying there for as long as possible. Responses are summarized in Figure 5.

Figure 6: Ranking of Importance for Factors to Consider Moving out of Current Residence.



ENVIRONMENTAL SCAN THEMES

Thematic analysis was completed for all data collected throughout the State Plan on Aging development process. Seven key themes emerged in the thematic analysis. The eight key themes informed the development of the plan. A brief summary of the components of the key themes are as follows:

-  **ACCESS TO QUALITY CARE & SERVICES:** Access to quality care and services emerged as a key theme for Michigan's older adults. The length of waitlist times to accessing health and social services was highlighted as a barrier. Additionally, a lack of coordination and alignment in the provision of care and supports was a challenge. Finally, high costs of prescription drugs and medications, lack of access to supportive medical equipment, and eligibility requirements were all reported as barriers to older adults receiving the quality care and services they need. In the Older Adult Survey, more than half (51.57%, n=361) of survey respondents reported poor/fair access to health care professionals who speak different languages.
-  **ADDRESSING SOCIAL ISOLATION:** Experiences of social isolation were reported throughout the data collection process for the State Plan on Aging. Older adults reported concerns around feelings of loneliness contributing to mental health challenges such as depression and anxiety. Examples of positive socialization opportunities were presented across the state, but expansion of such opportunities, especially to more rural areas, was highlighted as a need. Per the Older Adult Survey, a little less than half (43%, n=344) of survey respondents reported having contact with family, friends, or neighbors who do not live with them several times a week and 39% (n=314) reported doing so every day.
-  **ADDRESSING WORKFORCE CHALLENGES:** Critical shortages of home care workers was a key theme of the environmental scan. The environmental scan revealed the need to expand the direct care workforce. Low wages were reported as an expected barrier to having the number of direct care workers needed to meet the needs of Michigan's older adults. Respondents who were supported by a direct care worker highlighted the workforce was passionate and committed to taking care of older adults, but that they are overwhelmed and lack a living wage for the critical care they provide. Per the Older Adult Survey, more than half (57.8%, n=437) of survey respondents reported affordable home care services including personal care and housekeeping as poor/fair. Likely due to workforce limitations, almost half (46.1%, n=290) of survey respondents reported it was likely/very likely that they will provide unpaid care to an adult loved one in the future.
-  **AGING IN PLACE:** The idea of aging in place was a prominent theme throughout data collection efforts. Many older adults reported they lacked the resources, services, and supports that would enable them to age in place. Respondents reported a lack of support modifying their homes to be safe and accessible as they age, a general lack of accessible in-home and assistive services, and financial limitations that hindered their ability to stay in their homes as they age. Per the Older Adult Survey, more than half (53.3%, n=427) of survey respondents reported they planned to stay in their current residence and never move as they aged, while half (50.74%, n=412) of survey respondents reported they were unable to make modifications to their residence to enable them to stay in their residence as long as possible.

-  **AWARENESS OF SERVICES & RESOURCES:** Awareness of available services and resources for older adults to help them age was a key theme for Michigan's older adults. Siloed communication about existing resources was reported as a barrier and inconsistent messaging was reported as a challenge. Competition and a lack of shared resources was reported as a barrier within Michigan's aging network. The ways in which older adults prefer to receive information about available services and resources was reported as a complexity. Some older adults reported being more comfortable with receiving information via technological outlets, while others preferred more traditional modes, such as newsletters, mailers, and via word of mouth. Per the Older Adult Survey, the majority (69.56%, n=498) of survey respondents reported their community had poor/fair community information that is delivered in person to people who cannot or may have difficulty leaving their home. Additionally, 78.81% (n=621) of survey respondents reported they would turn to their local AAA for resources and information about services for older adults.
-  **ELDER ABUSE & EXPLOITATION:** Elder abuse in Michigan, like national trends, was a key theme of the environmental scan. The Elder Abuse Taskforce and Adult Protective Services (APS), was reported as a key strength of Michigan, yet the need to protect older adults from abuse and exploitation remains a concern. Respondents reported the rise in internet scams targeted at older adults and highlighted the need for education and awareness campaigns to equip older adults with the knowledge and tools to protect themselves. Michigan's Attorney General recently convened an Elder Abuse Taskforce which was highlighted as one of the mechanisms that could be used to protect older adults from abuse and neglect. Per the Older Adult Survey, almost half (47.40%, n=383) of survey respondents reported their personal safety or security was a 'major factor' when considering moving out of their community.
-  **DIVERSITY, EQUITY, & INCLUSION:** Individuals who identify as LGBT+ do not always feel comfortable openly identifying in long term care facilities due to concerns about safety. There is a need for programs to modify and tailor communication to be culturally and linguistically appropriate. Additionally, programs and services need to be designed in a way that resonates with individuals of all different races. A central component of the DEI initiative is to enhance service targeting, delivery and coordination efforts. HASA is working with the SUAs in Minnesota and Wisconsin on best practices and integration activities between Title III and Title VI programming. An initial meeting was held in late July 2020 and Michigan is in the process of scheduling additional meetings for August and September 2020. These meetings will help inform HASA's efforts to enhance Title III/Title VI coordination efforts in Michigan for FY 2021.
-  **RELIABLE TRANSPORTATION:** Transportation challenges factored into various key themes that emerged in thematic analysis. Transportation was reported as limiting older adults' access to healthcare, access to healthy food, ability to engage in communities, and ability to pick up prescriptions and medications. The cost of transportation was reported as a significant barrier, as well as the reliability of transportation funded by state agencies. Per the Older Adult Survey, about half (49.62%, n=385) of survey respondents reported their communities had poor/fair special transportation services for peoples with disabilities and older adults and about half (55.76%, n=445) of survey respondents reported poor/fair access to accessible and convenient public transportation in their communities.

Michigan Livability Score

TOTAL INDEX SCORE



[Livability Score](#) 



Michigan ranked in the bottom tier in the following areas:

- Obesity
- Social engagement
- Hospital readmissions

These areas are specifically addressed in this three-year plan.

51

HOUSING

Affordability and access

48

NEIGHBORHOOD

Access to life, work, and play

49

TRANSPORTATION

Safe and convenient options

53

ENVIRONMENT

Clean air and water

47

HEALTH

Prevention, access and quality

51

ENGAGEMENT

Civic and social involvement

54

OPPORTUNITY

Inclusion and possibilities

Domain: Communication and Information



GOAL

Expand the reach of information and awareness of aging network services, ensuring all older adults and caregivers can access culturally and linguistically appropriate quality services where and when they need them.



OBJECTIVE

By September 2021, HASA will establish a Michigan aging resources number accessible to Michiganders who speak English, Spanish, and Arabic.



STRATEGIES

- Secure funding to establish and sustain a toll-free Michigan aging resources number with built-in continuity and quality control measures, as well as multiple language options.
- Support AAAs in building strong relationships across their referral networks to ensure accuracy of referrals.
- Develop a follow up system for referrals to ensure individual needs were met.



OUTCOME MEASURES

- % of individuals who use the toll-free number who report that their needs were met.



OBJECTIVE

By September 2023, HASA and the aging network will increase the number of older adults and caregivers enrolled in registered services by 5%, with older adults and caregivers who identify as BIPOC making up 50% of the increase.



STRATEGIES

- Implement an aging network marketing campaign.
- Support the aging network in including Black, Indigenous, & People of Color (BIPOC), Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+), and other underrepresented populations as board members, employees, and service providers.
- Develop strategic partnerships with non-traditional partners to expand the scope and reach of the aging network.
- Review and evaluate HASA programs, policies and practices to eliminate systemic impediments to DEI.
- Provide training, outreach, and education to AAA staff on health disparities.



OUTCOME MEASURES

- % of older adults and caregivers in Michigan who identify as BIPOC who access aging network services.
- % of older adults and caregivers enrolled in registered services who report that services are inclusive and equitable.

Domain: Respect and Social Inclusion



GOAL

Prioritize resources to promote social interaction and connectedness, including expanding access to technology and transportation.



OBJECTIVE

By September 2022, HASA and aging network partners will increase participation in programs to promote social interaction and connectedness by 5%, with older adults and caregivers who identify as BIPOC making up 50% of the increase.



STRATEGIES

- Determine baseline statistics, implement systems for ongoing data collection, and develop strategies for continuous quality improvement to promote community/family connectiveness.
- Collaborate with internal/external aging network partners, stakeholders, and volunteers to design strategies to increase participation in programs that promote social interaction.
- Engage diverse staff and volunteers who represent the community to design and deliver programs that promote social interaction.
- Increase availability of culturally and linguistically appropriate resources, service options and promotional materials that meet the needs of older adults who are BIPOC, LGBTQ+, and representative of other underrepresented populations.
- Disseminate information about programs to promote social interaction via Older Michiganian's Day, 4AM meetings, AAA Director meetings, and the AIP process.



OUTCOME MEASURES

- % of Friendly Reassurance participants who report feeling less isolated due to program participation by race and ethnicity.

Domain: Social Participation



OBJECTIVE

By September 2023, increase the number of aging network services that can be offered virtually, like Personal Action Toward Health (PATH) and support groups.



STRATEGIES

- Expand and enhance electronic/virtual connectivity with peers, family, friends, and community programs.
- Provide technology trainings utilizing volunteers.
- Expand the opportunity for telehealth and care transitions across the state utilizing the Coleman method of improvement.
- Work with faith-based organizations to promote virtual social connectedness.
- Implement AAA care transition projects.



OUTCOME MEASURES

- % of older adults who have participated in technology trainings who report that they are comfortable using technology to make social connections.
- % of older adults who are satisfied with aging network services to promote social connections that are offered virtually.

Domain: Transportation



OBJECTIVE

By September 2022, HASA and aging network partners will complete a transportation domain action plan and evaluation plan under the Age Friendly Michigan initiative.



STRATEGIES

- Conduct a transportation survey and listening sessions using AARP's guidance as part of the Age-Friendly Michigan initiative.
- Develop an action plan and evaluation plan based on the transportation survey and listening sessions and submit to AARP for review.
- Collaborate with the aging network and other partners in public health and transportation to promote age-friendly transportation systems.
- Collaborate with Medicaid to promote access to non-emergency medical transportation services.
- Collaborate with commercial transportation companies and volunteer organizations to serve older adults with non-medical transportation needs.



OUTCOME MEASURES

- % of older adults and caregivers who report that they use their community's sidewalks, parks, natural features and green space to socialize.
- % of older adults and caregivers who report that the transportation options in their community meet their needs.

Domain: Health Services & Community Supports

FOCUS

Older American Act (OAA) Core Programs



GOAL

Increase the number of well-trained, qualified, and supportive multicultural direct care workers through collaboration by elevating the workforce, improving retention, promoting its collective value and supporting opportunities to increase wages.



OBJECTIVE

By September 30, 2022, 30% of Michigan's home and community-based services and long-term care agencies and providers across the state who hire direct care workers (DCW) to provide supports and services to older adults and caregivers will have adopted the state's direct care workforce competency requirements/guidelines.



STRATEGIES

- Develop statewide competencies for all DCWs, inclusive of Certified Nursing Aides (CNAs), Direct Service Providers (DSPs), Home Health Aides (HHAs), Home Health Providers (HHPs), and Independent Caregivers.
- Design an implementation and measurement strategy to disseminate and evaluate the DCW competencies.
- Partner with the DCW Advisory Committee and IMPART Alliance to implement and evaluate the DCW competencies.
- Adopt the DCW competencies and share the competencies statewide.
- Collaborate with home care agencies that serve low-income older adults, persons with disabilities, and persons of color to ensure representation and inclusivity in the competencies.



OUTCOME MEASURES

- % of agencies that have adopted the DCW competencies who believe that the competencies will elevate the workforce.
- % of agencies that have adopted the DCW competencies who believe that the competencies support diversity and inclusion.

Domain: Health Services & Community Supports



OBJECTIVE 3.2

By September 30, 2022, 30% of Michigan's home care agencies and long-term care providers will be using educational curricula mapped to statewide competencies for direct care workers.



STRATEGIES

- Work with the DCW Advisory Committee and Competencies/Education Workgroup to review DCW education/curricula guidelines that map to the competencies.
- Develop education/curricula guidelines that map to the competencies for all DCW training phases with state partners, including basic, intermediate, and advanced pathways.
- Adopt and share the training and education/curricula guidelines statewide.



OUTCOME MEASURES

- % of agencies that have adopted the educational curricula/guidelines who report the curricula is well aligned with the competencies.
- % of agencies that have adopted the educational curricula/guidelines who report that the curricula is useful, accessible, and inclusive.
- % of DCWs working in settings that have adopted the training and curriculum guidelines who report receiving additional training and professional development opportunities.



OBJECTIVE 3.3

By September 30, 2023, implement a media campaign promoting DCWs and DCW training in all 16 AAA regions.



STRATEGIES

- Collaborate with the DCW Advisory Committee and the Communications and Mental Health Workgroup to develop a media campaign plan to promote DCWs and DCW training.
- Seek funding partners to assist with implementing the plan.
- Implement the plan regionally and statewide.



OUTCOME MEASURES

- # of trained DCWs working in Michigan
- # of DCWs employed in Michigan.

Domain: Health Services & Community Supports



OBJECTIVE

By September 30, 2022, expand the number and reach of programs designed to support older adults who wish to remain in their homes as they age.



STRATEGIES

- Identify successful, innovative programs for home modifications and/or repairs that could be utilized and duplicated in other areas of the state.
- Identify programs that provide or connect older adults with durable medical equipment or assistive devices that help them remain in their homes.
- Identify areas where affordable services are available and help keep older adults in their homes such as home delivered meals, grocery shopping, and prescription delivery.
- Identify legal and other services that will assist older adults who are facing foreclosure, eviction, or are seeking affordable housing.
- Disseminate information to the AAAs regarding available services and monitor Information & Assistance (I/A) contacts related to these services.



OUTCOME MEASURES

- # individuals referred to the identified programs through the AAAs.
- % of individuals referred to the identified programs through the AAAs who are successfully served by the identified programs.
- % of older adults who report that they have access to services that allow them to remain in their home and avoid moving to more restrictive settings or to a setting they do not choose.

Elder Abuse



GOAL

Leverage programs, services, and resources to ensure older adults have access to the programs and services they need to make their own choices and decisions to enable them to age in place.



OBJECTIVE

By September 30, 2022, implement an evidence-based and comprehensive elder abuse, neglect, and exploitation education and awareness program that is adaptable to multiple audiences in Michigan.



STRATEGIES

- Conduct an environmental scan of five or more educational and awareness programs utilized in Michigan that have been provided to 250 or more individuals in the past year.
- Contact with the developers/users of identified programs to determine the numbers of individuals served by the programs, the populations served by the programs, the geographic regions served by the programs.
- Review program documents, trainings, and other materials to identify common themes/information, inaccurate information, formats and platforms utilized.
- Identify agencies/organizations/programs, including Adult Protective Services, the Long-Term Care Ombudsman Program, legal assistance programs, law enforcement, health care professionals, and financial institutions, willing to partner on development of comprehensive program.
- Review/utilize the FrameWorks Institute's toolkit on "[Talking Elder Abuse](#)" to ensure Michigan's message is provided in language that is evidence-based and will build public understanding and support.
- Ensure any program designed meets the Department's standards of diversity, equity, and inclusion.
- Pilot test the program with five groups from differing geographical regions that include older adults, family members, and professionals.



OUTCOME MEASURES

- % of pilot test participants who agreed that the program met its stated objectives.

REFERENCES

- American Community Survey. United States Census Bureau. (2019). <https://www.census.gov/programs-surveys/acs>
- Arab America. Michigan. (2020). <https://www.arabamerica.com/michigan/>
- Detailed Languages Spoken at Home and Ability to Speak English for Population 5 Years and Over: 2009-2013. (2015, October). United States Census Bureau. <https://www.census.gov/data/tables/2013/demo/2009-2013-lang-tables.html>
- Michigan Community Action. Poverty in Michigan. (2016). <https://mcac.memberclicks.net/poverty-in-michigan#:~:text=More%20than%2060%20percent%20of,senior%20citizens%20%E2%80%93%20live%20in%20poverty.>



AIPC Overview

Demographic Trends, Evaluation of Needs - Current Conditions/Service Levels and Review of City Programs/Initiative's Related to the City's 2040 Master Plan and the City's 5 yr. Master Park Plan from a Planning/Building/DPS Prospective

Research Data - Demographics:

1. For the City, the largest population of residents are in the age category of 50 to 54 years of age (1,894). The second highest population of residents is in the age category of 60 to 64 years of age (1,659). All age categories from age 50 and up are increasing in population moving forward. Information Source: SEMCOG Community Profile.
2. In the City, households with a senior age 65+ has increased 33.9 % from 2010 to 2021. Households with a senior age 65+ living alone has increased 33.3% from 2010 to 2021. Source: SEMCOG Community Profile.
3. Demographic Insight for Southeast Michigan: By the end of this decade, all of the baby boomers will be older than 65 and, the older population is projected to outnumber children (age 18 and under) for the first time in the region's history. Source: SEMCOG 2050 Regional Development Forecast.
4. For Southeast Michigan, the aging population leads to a labor shortage. Source: SEMCOG 2050 Regional Development Forecast.
5. The Community Assessment Survey for Older Adults (CASOA) by NRC at Polco captures older adult's opinions on livability. Results reveal that 84% of residents plan to remain in their community throughout retirement, highlighting that the majority of people plan to stay put as they age. Source: Polco Top 10 Community Needs According to U.S. Residents.
6. In terms of annual household income, 11.7% of City households have income of \$40,000.00 or less. The median household income for the City as of 2021 was \$137,907.00. The percentage of people in "poverty" in the City was 4.7 % (+/- 1.5%) Source: SEMCOG Community Profile.
7. The median housing value for the City in 2021 was \$580,200.00. The median gross rent in the City for 2021 was \$1,747.00 per month. Source: U.S. Census Bureau, 2006-2010 and 2017-2021 American Community Survey 5-year Estimates/SEMCOG Community Profile

Research Data - Current Conditions/Service Levels for Older Persons:

1. Next: Next is a 501 (c) (3). The purpose of Next is to be a welcoming place that enriches the lives of our community. Next has been serving the community for over 45 years. Partnering communities are: Birmingham, Beverly Hills, Franklin and Bingham Farms. Next also allows anyone from surrounding communities to be a member.
2. Next: Next is guided by the following principles:
 - a. To be a recognized leader in serving the community.
 - b. Deliver lifelong learning and wellness through comprehensive programming.
 - c. Be an integral part of the larger community.
 - d. Provide excellent customer services.

3. Next: Next offers a variety of learning programs and art to stimulate the mind and soul, fitness to strengthen the body and opportunities to gather and socialize in many different ways (approximately 230 programs per month).
4. Next: Next offers a comprehensive Support Services Department. Next is a much needed lifeline to those who are in need of extra assistance in order to remain healthy and independent. Some of the services Next provides are:
 - a. Reliable transportation to and from appointments
 - b. Information and referrals to area resources
 - c. Medical equipment loans
 - d. Meals on Wheels
 - e. Nutritional support and minor home repair programs
 - f. Interest free loans for major home repairs
5. Next: Current membership is approximately 2300. Typical attendance at Next for a week is approximately 1,500.
6. Next: Next has partnered with the City and the YMCA to move into the YMCA building in three years.
7. Next: Next is seeking a more "sustainable" and "reliable" future. Currently, for funding, Next relies on the following to pay for their operation:

a. In-kind	30%
b. Municipal	18%
c. Fundraisers	16%
d. Program Fee	9%
e. Transportation	8%
f. Membership	7%
g. Grants	7%
h. Sponsors	5%
8. The police department operates an "Adopt-a-Senior" program where an officer or dispatcher will periodically check on a resident living alone or with special needs to check on that resident's health and welfare. The police department also has a mental health co-responder program that can assist older persons in need on a case by case basis when needed.
9. The fire department offers older persons home safety inspections to ensure their home living environment is safe. The fire department also has a loaner residential "Knox Box" program where older persons can attach the Knox Box to a door to allow the fire department to gain entry into the home in case the home owner is unable to do so.
10. The Birmingham Public Library partners with Next for two separate book clubs operating out of Next and also offers computer assistance training to older persons at both the library and at Next.

Research Data – City Planning, City Building, City 2040 Master Plan, 5 yr. City Master Park Plan

1. The City has been working on the 2040 City Wide Master Plan since the fall of 2018. The Master Plan was recently adopted by the City Commission. In the 2040 Master Plan, there is a section, "Summary of Key Actions" that lists thirty (30) actions that are embedded throughout the report include specific recommendations as well as details and best practices. Included in this list are several recommendations that are directly related to older persons and aging in place. These include:

- a. Updating the Zoning Code - 6 recommendations
 - i. Create a zoning district to enable neighborhood destinations
 - ii. Create a new zoning district or modify the transition zone districts to enable infill development of small homes, townhomes, duplexes and small multi-family buildings, limited to buffer and activity seams.
 - iii. Reduce the amount of open space required per unit for townhomes and multi-family.
 - iv. Encourage renovations to expand existing houses rather than the construction of new houses.
 - v. Consider age-in-place friendly building regulations, such as grab bars, ramps, and elevators in single family homes, with careful attention paid to the city's architectural heritage.
 - vi. Enable Accessory Dwelling Units (ADU's) in already compatible zones: MX, TZ1, TZ3, and R4 through R8. Study ADU's for additional locations within the city and the regulations necessary to ensure compatibility.
 - b. Civic Facilities Study - 3 recommendations
 - i. Study key civic facilities to continue to support Birmingham residents.
 - ii. Study the location, programming, and funding for new facilities for Next
 - iii. Study how a Community Foundation/Fund may further Master Plan goals
 - c. Parks and Recreation Plan Master Update – 2 recommendations
 - i. Differentiate parks by type to better determine appropriate amenities, services and best practices.
 - ii. Utilize Planning Districts to determine sufficiency of park access across the city, availability of amenities, and consideration of activities and recreation in each season.
 - d. Rouge River Trails and Access Master Plan – 3 recommendations
 - i. Coordinate with Bloomfield and Beverly Hills to expand trail connections
 - ii. Expand the trail system, crossing the river at more locations to access large portions of the natural area currently cut off.
 - iii. Install bridges, ramps, and other enhancements to enable access by all ages and abilities.
 - e. Civic Events – 2 recommendations
 - i. Extend the role of the Public Arts Board or other existing board, or establish a Civic Events Board, to develop regular civic events to continue engaging the community throughout the year and promote civic institutions.
 - ii. Consider regular events in community parks
 - f. Circulator – 1 recommendation
 - i. Study a public circulator to provide viable means of accessing mixed-use districts and other significant destinations without a car.
2. Cohesion/Melding of Common City Projects/Initiatives: The City has a number of current projects that are all interrelated. Those projects are:
- a. The 2040 City Master Plan
 - b. The 2023 Five Year Master Park Plan
 - c. The purchase of the Birmingham YMCA Building

- d. Formalized Relationship with Next (interlocal agreement with other communities)
- e. Three Year Senior Millage on November 2023 Ballot

This is a significant point to reflect on. Because of the interrelatedness of the projects, it would appear that being mindful of the work of each project would be extremely important in order to achieve mutually beneficial results for all.